

## CONTINUING EDUCATION COURSES COMPLETED FOR ACTIVE LICENSE RENEWAL

- Instructions:
1. Please complete this form out indicating each course you participated in to continue your active license status.
  2. Submit all copies of certificates of completion.
  3. Submit to NHAP, P.O. Box 997416, MS 3302, Sacramento, CA 95899-7416

**PLEASE PRINT OR TYPE**

NAME OF ADMINISTRATOR	NHA LICENSE NO.	TELEPHONE NUMBER	
ADDRESS OF RECORD (STREET AND NUMBER)	(CITY)	(STATE)	(ZIP CODE)

DATE COURSE COMPLETED	COURSE APPROVAL NO.	TITLE OF COURSE	TOTAL CLASS HOURS

*Information requested on this form is authorized by the Nursing Home Administrator Program in accordance with the Health and Safety Code Section 1416. No items of information are voluntary; all are required.*

**\*YOU MUST SUBMIT A COPY OF A CERTIFICATE OF COMPLETION WITH THIS FORM. THE CERTIFICATE(S) AND COPY OF THIS FORM SHOULD BE RETAINED IN YOUR FILES FOR AUDIT PURPOSES. THIS FORM IS NOT PROOF THAT YOU HAVE COMPLETED THIS COURSE. ONLY A CERTIFICATE OF ATTENDANCE CAN BE ACCEPTED AS PROOF OF COMPLETION.**

*I acknowledge that the foregoing information on this application is accurate, true and correct.*

\_\_\_\_\_  
Signature of Administrator

\_\_\_\_\_  
Date

**THIS FORM MAY BE DUPLICATED**